

OFF-DUTY CIVILIAN EMPLOYMENT REQUEST

Privacy Act Statement: Under the authority of 10 USC, 5 USC 301 and Executive Order 9397, information requested herein will be used in evaluating your request to engage in off-duty employment. Disclosure of the information is voluntary, but failure to do so may result in delay and possible disapproval of your request.

A. Name: _____

Per NAVHOSP LEMINST 1050.5P, I request permission to engage in off-duty employment apart from my assigned military duties.

1. Type of employment and nature of work: _____

2. Name and address of employer: _____

3. Telephone Number: _____ 4. Distance from NHL: _____

5. Extent of Employment: _____ hours per day x _____ day per week

6. Beginning Date: _____

7. Reason for off-duty employment: _____

8. Member's statement of understanding: I have read and understand NAVHOSP LEMINST 1050.5P concerning off-duty employment and I agree to conduct any off-duty activities following those regulations. Further, I understand:

a. That it is my obligation to inform my Commanding Officer in writing of any change in my off-duty employment within one week of such change.

b. That I shall not engage in any off-duty employment, enterprise, compensable activity or competition which:

- (1) reflects discredit upon service;
- (2) interferes with the proper and efficient performance of my military duties;
- (3) is unethical in view of the possible exercise of influence attending my duties or otherwise;
- (4) involves the solicitation of life insurance, mutual funds or other investment plans, commodities, and/or services with or without compensation to military personnel;
- (5) involves personal commercial solicitation and sale to military members who are junior in grade or rank.

c. That I am on active duty in a 24 hour duty status and my military duty shall at all times take precedence for my time, talents, or attention.

d. That permission to engage in off-duty employment may be withdrawn at any time by the Commanding Officer.

Date: _____ Signature of Member: _____

9. Recommendation of Department Head:	Recommendation of Director:
Approval / Disapproval	Approval / Disapproval

B. ACTION BY APPROVING AUTHORITY
Request is Approved/Disapproved

Printed Name of Approving Authority

Date

Signature of Approving Authority